

**ARLINGTON INDEPENDENT SCHOOL DISTRICT
SUBSTITUTE PAYMENT FORM**

SUBSTITUTE'S SOCIAL SECURITY #

JOB #

SUBSTITUTE'S NAME:

REPORTING PERIOD:

SUBSTITUTE FOR:

LOCATION #:

LOCATION:

PLEASE ANSWER THE FOLLOWING:
 Does the employee **substituted for** receive travel pay? Yes No
 Does this constitute service from the previous reporting month? Yes No

REPORTING PERIOD DATES																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Days Worked																
Hours Worked																
Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Days Worked																
Hours Worked																

Days worked - for classroom teachers and nurses only
 Hours worked - for all clerical and non-degreed substitutes

Budget Code:

TOTALS - DAYS

HOURS

Substitute Signature

Administrator Signature

FOR PAYROLL DEPARTMENT ONLY:

SUBTEA _____ Days SUBCLK _____ Hours
 SUBCON _____ Days
 SUBEXT _____ Days